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PATENT & TRADEMARK OFFICE  
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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of: ) Docket No.: 23632-002  
 )  
Dazhi CHEN *et al.* ) Confirmation No.: 3675  
 )  
Serial No.: 09/461,336 ) Office of Initial Patent Examination's  
 ) Filing Receipt Corrections  
Filed: December 15, 1999 )  
 )  
For: SYSTEM AND METHOD FOR REDUCING )  
EXCESS CAPACITY FOR RESTAURANTS AND )  
OTHER INDUSTRIES DURING OFF-PEAK OR )  
OTHER TIMES )

**REQUEST FOR SECOND CORRECTED FILING RECEIPT**

Assistant Commissioner for Patents  
Washington, D.C. 20231

Sir:

1. Applicants request a second Corrected Filing Receipt for the above-mentioned patent application. Applicant encloses a copy of the Corrected Filing Receipt dated March 6, 2003 with the corrections noted thereon. Issuance of a second corrected filing receipt is respectfully requested.
2. There are errors with respect to the following data, which are incorrectly entered.

*Error in*

1.  Title – the word RESTUARANTS
2.  Attorney's Address

*Correct data*

RESTAURANTS  
12010 Sunset Hills Road  
Suite 900  
Reston, VA 20190

Although Applicants believe no fee is due in connection with this filing, the Commissioner is authorized to charge any additional fees that may be due to Deposit Account No. 50-0311, Ref. No. 23632-002.

Respectfully submitted,

MINTZ, LEVIN, COHN, FERRIS, GLOVSKY  
and POPEO, P.C.

By   
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Dated: March 21, 2003



Commissioner for Patents  
Washington, DC 20231  
www.uspto.gov

APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY.DOCKET.NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/461,336	12/15/1999	3627	3215	23632-002	8	132	4

**CONFIRMATION NO. 3675**

29315  
MINTZ LEVIN COHN FERRIS GLOVSKY AND POPEO PC  
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**CORRECTED FILING RECEIPT**



\*OC00000009600566\*

Date Mailed: 03/06/2003

Receipt is acknowledged of this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Filing Receipt Corrections, facsimile number 703-746-9195. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

**Applicant(s)**

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ELAYNA BEREAN, SAN FRANCISCO, CA;  
MAYANK PATEL, MOUNTAIN VIEW, CA;

**Domestic Priority data as claimed by applicant**

**Foreign Applications**

**If Required, Foreign Filing License Granted: 01/28/2000**

**Projected Publication Date:** None, application is not eligible for pre-grant publication

**RECEIVED**

**Non-Publication Request:** No

**MAR 10 2003**

**Early Publication Request:** No

**MINTZ, LEVIN, COHN, FERRIS,  
GLOVSKY AND POPEO, P.C.**

**Title**

**RESTAURANTS**

SYSTEM AND METHOD FOR REDUCING EXCESS CAPACITY FOR RESTAURANTS AND  
OTHER INDUSTRIES DURING OFF-PEAK OR OTHER TIMES

**Preliminary Class**

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Title 35, United States Code, Section 184  
Title 37, Code of Federal Regulations, 5.11 & 5.15**

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 Washington, DC 20231  
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CONFIRMATION NO. 3675

Bib Data Sheet

SERIAL NUMBER 09/461,336	FILING DATE 12/15/1999 RULE	CLASS 705	GROUP ART UNIT 3627	ATTORNEY DOCKET NO. 23632-002
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**APPLICANTS**
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 MAYANK PATEL, MOUNTAIN VIEW, CA;
**\*\* CONTINUING DATA \*\*\*\*\*****\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 01/28/2000

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	CA	8	132	4
Verified and Acknowledged	Examiner's Signature	Initials			

**ADDRESS**

29315

**TITLE**
 SYSTEM AND METHOD FOR REDUCING EXCESS CAPACITY FOR RESTUARANTS AND OTHER  
 INDUSTRIES DURING OFF-PEAK OR OTHER TIMES

FILING FEE RECEIVED 3215	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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